



Employee WEB Mail Account Request Form

Please Print Clearly

Agency Name		Agency PON	
Agency	Department	Division	
Agency Address			
Address	City	State	Zip Code

Please Print Clearly

Employee Name			
Last	First	MI	Phone

Request Type: (please check type of request)	NEW	UPDATE	REMOVE
Email - WEB Mail Accounts – (Not Goupwise)			
Do you want a customized domain name?			

Agreement

By signing this form, the applicant agrees to the following terms and conditions:

- Applicant's agency approves the use of WEB MAIL for the applicant.
- Applicant agrees to uphold and enforce the State's IT Policies and Standards.
- Applicant understands that ADOA has the right to terminate WEB MAIL services if the applicant violates the State's IT Policies and Standards.
- ADOA will not be held responsible for Web MAIL content created and/or received by applicant.

Employee Signature		Date:	
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THE SIGNATURE BELOW CONFIRMS THAT YOUR MANAGER AUTHORIZES THIS WEB MAIL REQUEST.

Agency Authorizing Manager	Print Name	Phone No.:
Agency Authorizing Manager	Signature	Date:

Customer Service	Cost per Subscriber
WEB MAIL	Reference ISD Rate Table (subject to change)

When completed FAX to 602 542.0095

For ADOA Administrative Use Only

Request Received _____ Completed _____ Approved/Denied (Circle One)
Date Date